

<i>SERFF Tracking Number:</i>	<i>UNAM-127789145</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Marquette National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50216</i>
<i>Company Tracking Number:</i>	<i>MQ1-15-1</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.012 Multi-Plan 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Med Supp Lead Card</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Marquette National Life Insurance Company

Product Name: Med Supp Lead Card

SERFF Tr Num: UNAM-127789145 State: Arkansas

TOI: MS08I Individual Medicare Supplement -
Standard Plans 2010

SERFF Status: Closed-Filed-
Closed

State Tr Num: 50216

Sub-TOI: MS08I.012 Multi-Plan 2010

Co Tr Num: MQ1-15-1

State Status: Filed-Closed

Filing Type: Advertisement

Author: Holly Parenti

Reviewer(s): Stephanie Fowler

Date Submitted: 11/08/2011

Disposition Date: 11/08/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/08/2011

State Status Changed: 11/08/2011

Deemer Date:

Created By: Holly Parenti

Submitted By: Holly Parenti

Corresponding Filing Tracking Number:

Filing Description:

Form(s)

MQ1-15-1 Medicare Supplement Lead Piece

Dear Sir or Madam:

We submit the above form for your review and approval. This advertising material will be used for our Medicare Supplement forms approved by your state on April 22, 2010.

We consider this advertisement an invitation to inquire and will use it to obtain leads for our Medicare Supplement

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approved by your Department.

If additional information is needed, please contact me at 800-538-1053 ext. 41045221 or hparenti@uafc.com

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@universalamerican.com
P.O. Box 958465 407-444-4522 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

Marquette National Life Insurance Company CoCode: 71072 State of Domicile: Texas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001 Group Name: State ID Number:
Lake Mary, FL 32746 FEIN Number: 36-2641398
(407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per ad (1 ad)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Marquette National Life Insurance Company	\$50.00	11/08/2011	53580341

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	11/08/2011	11/08/2011

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Disposition

Disposition Date: 11/08/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Company Tracking Number:</i>	<i>MQI-15-1</i>		
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Schedule Form	Schedule Item	Schedule Item Status	Public Access
	Med Supp Lead Card	Filed-Closed	Yes

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TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010
Standard Plans 2010

Product Name: Med Supp Lead Card

Project Name/Number: /

Form Schedule

Lead Form Number: MQ1-15-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Filed-Closed	MQ1-15-1	Advertising	Med Supp Lead Card	Initial			MQ1-15-1.pdf
11/08/2011							

Information Regarding Your MEDICARE COVERAGE!

To the MEDICARE Recipient Addressed:

You need to be aware of what your options are under MEDICARE as they personally affect you. Many people don't understand the current MEDICARE benefits and what expenses they must pay. Marquette National Life Insurance Company can help you get the facts!

☐ **YES! I want to receive information on MEDICARE and Medicare Supplement Insurance Policies available to me.**

***** AUTOCR**C 001

JOHN B. DOE

1234 ANYWHERE STREET

CITY, ST 12345-6789

|||||

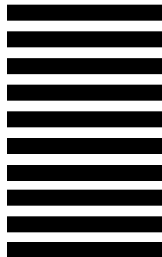
Name _____

Phone (____) _____

Marquette National Life Insurance Company, Policy Series MMSA or MMSI. This is a solicitation for insurance. A licensed agent may contact you. This policy has limitations and exclusions. For cost and complete details return this card. Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. [665] [MERIDIAN MS]

POSTAGE WILL BE PAID BY ADDRESSEE:

MARQUETTE NATIONAL
LIFE INSURANCE COMPANY
[PO BOX 1638]
[MERIDIAN, MS 39302-9905]

